CAMPAIGN FINANCE REPORT STATE OF WISCONSIN				to 1230-10		
Is This Deposit on Association in the Company of th			MILWAUKEE COUNTY			
Instructions for completing schedules are on the back of each schedule.			ELECTION COMMISSION			
COMMITTEE IDENTIFICATION	ick of each schedu	16.	2011 FE8 -	7 P 1: 11		
Name of Committee				EIVED		
Friends of Jemes White			OFFICE USE ONLY			
3070 North 13th Street			Ur	FICE USE ONLY		
Milwaukee WI 53206			WSEB ID Number:			
Please check if address is different than previously reported, a	nd complete the Cam	paign Registration Sta	itement in the	back of this form.		
NAME OF REPORT				No.		
January Continuing 1 Pre-Primary	Spring [	Fall Spec	ial			
July-Continuing Pre-Election	☐ Spring [	☐ Fall ☐ Spec	ial	Termination Report		
			iai	also complete Schedule 4		
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A	Column B		Audited Totals		
1. RECEIPTS	This Period Calendar Year-To-Date		Office Use Only			
IA. Contributions (Including Loans) from Individuals	S - ()					
1B. Contributions from Committees (Transfers-In)	\$ ~ 0 ~	\$	\$	<u> </u>		
Other Income and Commercial Loans	\$ 100.25	\$	<u>  S</u>	<u> </u>		
			\$	\$		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)  2. DISBURSEMENTS	\$ 100.9.5	\$ 250.25	\$	S		
			<u> </u>			
2A. Gross Expenditures	s 42.00	\$ 54.00	\$	<u> </u>		
2B. Contributions to Committees (Transfers-Out)	\$ - 3 -	\$	\$	s		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)  CASH SUMMARY	\$ 42.00	\$ 54.00	S	\$		
Cash Balance Beginning of Report	<b>s</b> 138,00		s	138.00		
Total Receipts	s 100,95		s	100.25		
Subtotal	\$ 2838.25		s	238.25		
Total Disbursements	<b>5</b> 40,00		S	42.00		
CASH BALANCE END OF REPORT	s 196,25		s	196,35		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	<b>s</b>		-	7 707,770		
LOANS (Balance at the Close of This Period-3B)	\$<284.853	s(284.85) s(284.85)				
I certify that I have examined this report and to the best of myknowledge and belief it is true, correct and complete						
Type of Print Name of Candidate or Treasurer  Signature of Candidate or Treasurer  Date: 740 28 20 4						
LEWI M. GKER 1	Wei L	inller	yra.	114800 Don		

The information on this form is required by ss.11.06, 11.20, Wis State. Patture to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

Daytime Phone: 4/4-879-857

## SCHEDULE 1-C

## RECEIPTS Other Income and Commercial Loans

Page <u>4</u> of <u>10</u>

Complete Co	mmittee Name	***************************************		
	enderal James While	****		
Instructions	for completing schedules are on the back of each sche	dule.		
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
1 1	James White 3070 North 1315 Millian V ee WI 53000 Full Name, Mailing Address and Zip Code	Durgayment	\$ 100.25	
Date	Full Name, Mailing Address and Zip Code			
f F	of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /	Eid Meno Malla A			
l l	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Fuil Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Incoma	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date	Full Name, Mailing Address and Zip Code			
1 1	of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
	and the second s	OTHER INCOME THIS PAGE	s 100.25	
	•	ITEMIZED OTHER INCOME	; 1∞ 25	
	TOTAL UNITEMIZED OT	HER INCOME \$20 OR LESS		
		TOTAL OTHER INCOME	1 100 25 L	

## DISBURSEMENTS Gross Expenditures

Page <u></u>of <u>\</u>

Complete Comm	nittee Name			
77	ends of James White			
Instructions fo	r completing schedules are on the back of each schedule.			
Date	C.11	Specific Purpose of		
, ,	Of Person or Business to Whom Payment is Made  JP norgan Chase Bank  Joseph Poctor Cart Cart	Expenditure	Amount .	Office Use
1 1	JP Norgan Chase Bank	1 2	1	
į.	12303 North Poctor Martin Environ Kin	Eark	142.00	
and the same of th	1 Millsamera : 10 - 10 - 10	Cherren	1 + 1×100	
Date	Check if:  In-Kind Offset	C 1,501 6 6 7		
Cate	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of	Amount	Office Use
1 1	The state of the s	Expenditure	1	
İ			1	
			1	
	Check if:		1	
Date	Full Name, Mailing Address and Zin Code	Specific Purpose of	Amount	
1,,	Of Person or Business to Whom Payment is Made	Expenditure	Amount	Office Use
			[	
		}		
-			1	
	Check if: In-Kind Offset		1	
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of	Amount	Office Use
1 1	Of Ferent of Dositiess to Africal Layment is Wade	Expenditure	1	-
			]	•
			1	
	Check if:  tn-Kind Offset	The state of the s	1	
Date	Full Name, Mailing Address and Zin Code	Specific Purpose of		
	Of Person or Business to Whom Payment is Made	Expenditure	Amount	Office Use
/ /				
		1	1	
	Check if: TIn-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of	Amount	Office Use
1 1	Or Ferson or bosiness to vynom Payment is Made	Expenditure	1	
			1	
	Check If: [7] In-Kind Offset		1	
Date	Full Name, Mailing Address and Zin Code	Specific Purpose of		
	Of Person or Business to Whom Payment is Made	Expenditure	Amount	Office Use
/ /		,		
			1	
	Check if: In-Kind Offset		]	
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of	Amount	Office Use
1 1	Or Person or Business to whom Payment is Made	Expenditure		
			1	
	Check if: In-Kind Offset	**	1	
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of		
1 , .	Of Person or Business to Whom Payment is Made	Expenditure	Amount	Office Use
/ /			-	
		The same of the sa		
	,			
	Check if: In-Kind Offset		Calle Village	
			1	
	CUDTATAL ITTIUTE EV	. 4200		
	SUBTOTAL ITEMIZED EX	5 2 2		
		I un a.		
	TOTAL IT	: 42.00		
THE THE PARTY AND THE PARTY AN				ing har jan ing 1947 tali ing maniput mengang panggan di menjagan apanggan panggan apan panggan ing m
	901-704-400 B.A 3 S.A. 14-14-404-44-4-4-1-1-1-1-1-1-1-1-1-1-1-1	1		
	TOTAL UNITEMIZED EXPE	\$		
			40 00	
		TATAL EVOCUMUNIOSES	L. 42.00 L	